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DATE: June 23, 2004

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Fax No.: 703-872-9306

Art Unit 1617

FROM:

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Fax No.: 215-628-1345

NUMBER OF PAGES 2 INCLUDING THIS COVER PAGE.

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Re: Serial No. 10/009,453 filed 11-05-2001  
Attorney's Docket: H 4132 PCT/US

- Notice of Appeal (1 page)

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<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional)  <b>H 4132 PCT/US</b>						
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office on the date shown below.  Date <u>June 23, 2004</u>  Signature <u><i>Mardene Capreri</i></u>  Typed or printed name <u>Mardene Capreri</u>	In re Application of <div style="text-align: center;"><b>Fabry et al.</b></div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number <b>10/009,453</b></td> <td style="width: 50%;">Filed <b>11/05/2001</b></td> </tr> <tr> <td colspan="2">For <b>COSMETIC OR PHARMACEUTICAL UTILIZATION OF NANOSCALIC METAL SOAPS</b></td> </tr> <tr> <td>Art Unit <b>1617</b></td> <td>Examiner <b>Lauren Q. Wells</b></td> </tr> </table>		Application Number <b>10/009,453</b>	Filed <b>11/05/2001</b>	For <b>COSMETIC OR PHARMACEUTICAL UTILIZATION OF NANOSCALIC METAL SOAPS</b>		Art Unit <b>1617</b>	Examiner <b>Lauren Q. Wells</b>
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Art Unit <b>1617</b>	Examiner <b>Lauren Q. Wells</b>							
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.								
The fee for this Notice of Appeal is (37 CFR 1.17(b)) <span style="float: right;"><b>\$ 330.00</b></span>  <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:   <input type="checkbox"/> A check in the amount of the fee is enclosed.   <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.   <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>50-1177</u>. I have enclosed a duplicate copy of this sheet. Order No. <u>04-0301</u>   <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.           </div> <div style="width: 35%; text-align: right;"> <b>RECEIVED</b>  <b>CENTRAL FAX CENTER</b>   <b>JUN 23 2004</b>   <b>OFFICIAL</b> </div> </div>								
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I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96) <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>36,296</u> <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration Number if acting under 37 CFR 1.34(a) _____	<div style="text-align: right;"> <u><i>[Signature]</i></u>          Signature  <u>Steven J. Trzaska</u>          Typed or printed name  <u>215-628-1416</u>          Telephone number   <u>June 23, 2004</u>          Date   <u>23657</u>          Customer Number       </div>							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*								
<input type="checkbox"/> *Total of _____ forms are submitted.								

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